Arthur Flax

I, as a small, private, non-funded, outpatient, State Certified Substance Abuse Program am very concerned the impact of mandated accreditation by a National Accreditation Organization will adversely effect the continued operation of my Program. The cost of this certification process will exceed at a minimum $12,000.00 every 3 years, and have to be paid out of operating expenses derived directly from patient revenue. Small Programs such as mine, do not receive any government funding either directly or indirectly. The Program does not participate in Medicare or Medicaid, or other insurance. Clients are working to upper middle economic income status, they are for the most part, college or advanced trade educated, have stable housing, and stable income. Even if the clients have insurance (private insurance) they do not want to use their insurance for outpatient treatment, as they do not want to have a diagnosis recorded in an insurance company record for alcohol or drug misuse due to the potential impact such a diagnosis may have. My clients include police officers, fireman, lawyers, public figures, and others. They choose to pay out of pocket for services. In addition, clients each year are seen pro-bono and at reduced fees as a service to the community. The Program I operate has been in business since 1988 without one complaint. Why force this excessive cost which will mean less sliding scale, and free services I am able to offer. Those free services amount to more than $20,000 worth of care per year in terms of dollars saved by the State. Multiply this by the other private non-funded programs and the savings to the State and the burden of placement of clients into care amounts to many thousands of dollars saved by the State, and the saving and restoration of lives.

Small Programs, such as mine, serve mostly DUI clients and others who benefit. Most of these clients do not have the extensive psychosocial and concrete needs of clients served in the funded programs. The clients I serve, do not want to attend large clinic like public programs which are funded and serve mostly clients with whom they have little in common. They want personal service in a small private setting. However, this also allows as noted above, the provision of service pro-bono are at a small fee, to college students, laid off people, and others. This care, they are not receiving at funded programs due to waiting lists and the severity of needs of funded programs clients.

Due to the nature of small non-funded Programs', it simply cannot afford the cost and complexity of National Certification and will cause such programs to close. The Office of Health Care Quality Assurance is the appropriate agency to continue to provide proper oversight and re-certification.

The legislature saw fit to exclude private non-funded programs from participation in the data collection system and participation in the Alcohol and Drug Abuse Administration's automated systems (SAMIS and SMART) when it revised the Health General Article Title 8, and the COMAR regulations.

Further the:
Md. HEALTH-GENERAL Code Ann. § 8-403 (2011)

§ 8-403. Alcohol abuse and drug abuse treatment programs -- In general

(a) "Alcohol abuse and drug abuse treatment program" defined. -- In this section, "alcohol abuse and drug abuse treatment program":

(1) Means any individual or organization that provides treatment, care, or rehabilitation for individuals who show the effects of drug abuse or alcohol abuse, and represents or advertises itself as an alcohol abuse or drug abuse treatment program;

Includes individuals (a small program operated by the owner including a private corporation) that provides alcohol and drug abuse treatment. Programs such as this provide valuable services to the community at no cost and savings to the State and the Courts.

Funded Programs also provide very valuable services to the Community but are targeted at a different demographic and persons with more severe concrete needs, thus they need funding from the government to operate. This funding, spreads the cost of the National accreditation process over many clients and thus reduces the cost per client. But, the State though grant funding is l paying for the accreditation process to funded programs.

The draft proposal submitted to the Department of Health and Mental Hygiene does not address at all the differences between funded and non-funded programs, nor does it address the adverse financial impact on small non-funded programs. When I observed the legislative process to revise HG-8, the Alcohol and Drug Abuse Administration wanted to divorce itself from non-funded programs. Thus ADAA turned oversight, as noted, directly over to the Office of Health Care Quality Assurance. The Office of Health Care Quality Assurance has the expertise and responsibility to certify non-funded programs. The staff at the Office of HCQA is excellent.

Arthur Flax, LCSW-C, LCADC, LCPC
Comprehensive Psychosocial Services, Inc.